**PERSONAL DETAILS FORM**

**(Information in this form will not be used for shortlisting purposes)**

|  |  |  |
| --- | --- | --- |
| **Role Title: Modelling Scientist Number: AD1308** | | |
| **Personal Details** | | |
| **Surname:** | | | |
| **First Name(s):** | | | |
| Address of residence  Postcode | | National Insurance No:  Nationality:  Date of Birth:  Telephone Number(s):  Mobile:  Home:  Work:  e-mail:  May we contact you at work? Yes/No |
| **QUALIFICATIONS/ EDUCATION / DATES/ TRAINING** | | |
| Undergraduate Degree |  | |
| Post-graduate Degree |  | |
| Doctorate |  | |
| Training (brief outline) |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HOW DID YOU FIND OUT ABOUT THIS VACANCY? (Please tick)** | | | | | | |
| Advertisement (please state publication): | |  | Network Email: |  | | |
| UNEP-WCMC Web Page: | |  | Agency: |  | | |
| Other (Please state): | | | | | | |
| Visa and sponsorship information | | | | | |
| **Please complete this section giving details of how you will achieve the right to work.**   1. Are you a UK National/British passport holder? **Yes / No** (please delete as appropriate) 2. Do you have settled or pre-settled status in the UK? **Yes / No** (please delete as appropriate) 3. Do you currently have a student visa in the UK? **Yes / No** (please delete as appropriate)   If yes what date does this expire? Expiry date………………..   1. Do you hold a partner or ancestry Visa to work in the UK? **Yes / No** (please delete as appropriate) 2. Do you require sponsorship to work in the UK? **Yes / No** (please delete as appropriate)   **We will ask you to provide a copy of the appropriate documentation prior to any offer of employment being made.** | | | | | |
| REFERENCES | | | |
| Please give names, addresses of two referees, and indicate whether we can take up references prior to interview. One must be your current, or most recent, employer and use the organisation email address. | | | |
| Name:  Address:  Telephone:  e-mail:  Fax:  Job Title:  In what capacity do you know the referee: | | Name:  Address:  Telephone:  e-mail:  Fax:  Job Title:  In what capacity do you know the referee: | | |

|  |
| --- |
| **DECLARATION**  I declare that the information given in this document is correct to the best of my knowledge and belief. I understand that any wilful mis-statements render me liable to disqualification or to dismissal, if engaged.  I consent to the information I provide being kept on file and processed for recruitment purposes in accordance with the Data Protection Act 1998.  Signature: . . . . . . . . . . . . . . . . . . . . . . . Date:. . . . . . . . . . . . . . . . . . .  (if sent by email we will accept your email account name as a substitute signature) |